

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/9/200629
SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3		3			
5	1	3	1			
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	2		2			
13	2		2			
14		2		2		
15	8		1			
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TOTAL IND.			2			
TOTAL DEP.			10			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						